	OTROCK UNE	Peperwork Re	eduction Act of	1995, no pen	cone en	nequired to p	espon	U.S. Pa	lent and	Appro Tradema	ved fi k Of	ruse d be; U.S	TOUGH 7/3	/2006.	OMB 9651-	24		
		ATI	ON REC	OPT	unte	for use through 7/31/2006. OMB 9851-00 floe; U.S. DEPARTMENT OF COMMERC ess II displays a year of Defeat control numb												
								Application or Docket Number.										
		APPLICATION AS FILED - PART I (Column 1)												110525826				
•	ļ													~~.		_		
	FC	OR .			(Cotumn 2)			· · · ·	SMALL ENTIT		Y	OR	OTHER TH SMALL ENT		R THAN			
	BASIC FEE		MUMBE	RALED	NUMBER EXTRA				RATE (5)			1			LEMINIT			
	(ST OFR 1.16)), (b), cr (c)					_	1	E (B)	FEE	2		RATE	(3)	FEE (5)	Ū		
	SEARCH FE (87 OFR 1.160)	E 0.00 000			·					L						-		
	EXAMINATIO (87 OFR 1.16(c)	WOR											 			-		
	I IOTAL CLAR	48									\neg					_		
	(97 CFR 1.16(1))		minus 20 a					1-					•					
	INDEPENDEN G7 CFR 1.16(h	IT CLAIMS				<u>_</u>		×25,	00 =		- 1	OR	v Ka a		7	-		
	1. c. je 1. to(n		ff the specification and dr sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(4)(c)			nuity) for each		×100.0			┥		×50.00 =					
	APPLICATION	SOF						James	<u> </u>			ı	×200-00=					
	ree	-						1.	- 1			ı				_		
	(37 CFR 1.16(s)) 2						1	!			- 1			•	1		
- 1				CONTROL AND	1.00	FR 1 16/e)	'	1	- 1	•		- 1				ı		
ı	MULTIPLE DEF	PENDENT CLA	IM PRESENT	67.			-1	 				- 1				1		
I	· If the difference						Γ	·	\dashv	 -	1							
- [* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	T		7					1		
-	· Al	APPLICATION AS AMENDED - PART II							. L	<u> </u>	J		TOTAL	1		ı		
I.	1-1															1		
	<u> </u>	Column 1) (Column 2) (Column 3)												•	•	ł		
I		CLAIMS LIGHT						SMA	<u>LL</u> EN	ПΥ	. 0	R	OTH	ER TH	IAN	ı		
	⋖	REMAIN	ING	MUMO	ED	PRESENT							SMALL E		ΠY			
	Total	AMENDA		PREVIO	USLY	EXTRA	11	RATE (S		ADDI- FIONAL		- [RATE (\$)	1	ADDI-	ĺ		
H	Total FOR CFR 1.16(0)		3 Minu	PAUL	<u> </u>		11		_1 6	EE (5)		1	• •	1 1	TIONAL			
13	independent (17 CFR 1.1000)			6	3 1	້ Ø	11	×25.00		1		—	-		EE (t)			
ú	(TV CFR 1.1000)		Minu	7	\Box	= ~				-/	OR	X	Ú-00 =	1	\ 1			
740	tridependent (27 CFR 1.160) Independent (27 CFR 1.160) Application S	ize Fee (37 CF	R 1.16(e))		I Ø		-	×100.00				1.2	00:00 =					
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))							+					1	+-1			
(37 CFR 1.16(0))										-/-1	OR	ı		T^{-}	7			
11	' 30 0	6		•				OTAL	1			TO	101	٠.,				
	/_/	(Column 1)	١ .	44.			•	OD'L FEE	<u></u>		OR		T FEE					
_		CLAMS		(Cotumn HIGHEST		(Column 3)	_											
ë		REMAININ	G	NUMBER		PRESENT	1.	0475 ***	Γ					<u> </u>				
Ż		AMENDME	er l	PREVIOUS PAID FOR	LY	EXTRA	1	RATE (S)		DOI- NAL		RA	TE (S)	Αſ	201-			
Z	Total CFR 1.16(1)	102	Minus	**********	┊┼╴		-			E(8)				TIO	MAL			
NOMENT	Independent OF CFR 1.16(h))	, 0	Minus	.03		/	' x		-					HEI	E(\$)			
ш			1 1) =	./	I,			'	×	X						
₹		Application Size Fee (37 CFR 1.16(s)) RIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II))									xR ∫	x	=	/				
┙	FIRST PRESENTA	THON OF MULTE	PLE DEPENDE	NT CLAIM COT	CFP 14	em	 			4								
					11 1,1	· W	<u> </u>		(0	R		/		\neg			
		•					TO			·	: •	TOTAL						
-	If the entry in cot	umn 1 is less th	van the entry i	n codema a	-		AD(TL FEE		0	R .	ADDL			1			

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of Information is sequired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.